

**HORNADY TRANSPORTATION, LLC.
REQUEST FOR INFORMATION**

From Previous Employer

As required by 49 CFR Parts 382, 390 and 391 of the Motor Carrier Safety Regulations

TO: _____ Date: _____

Mr./Ms. _____ SS# _____ has made application to our company for a position as a _____ and states being employed by you from _____ to _____

Will you kindly reply to the inquiry below respecting this applicant. For your convenience please fax your response to **800-526-3128**. Thank you.

1. What are the dates of employment with your company? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? Tractor-Trailer _____? Straight Truck _____? Bus _____? Other? _____
4. Did the applicant pull: Vans _____? Flats _____? Reefer _____? Tankers _____? Other _____?
5. Approximately how many miles a month did the applicant run? _____
6. In how many states did the applicant operate? _____
7. Provide details of Cargo Claims/damage and number of Late Deliveries: _____

8. Describe other violation of company policy or procedures: _____

9. For the preceding 3yrs, please give details of DOT recordable accidents (description, dates, location, injuries, hazmat and fatalities): _____

10. Give descriptions, dates, whether preventable or not, of other vehicle accidents in which the applicant was involved: _____

11. Please answer the following questions concerning alcohol and controlled substance testing during the past 3 years.
 - A. Did the applicant refuse alcohol or drug testing, this includes verified adulterated or substituted test results? _____ Yes ___ No
If yes, when? _____
 - B. Did the applicant have a positive controlled substance test result? _____ Yes ___ No If yes, when? _____
 - C. Did the applicant have any alcohol test with a concentration result of 0.04 or greater? _____ Yes ___ No. If yes, when? _____
 - D. Did the applicant have a positive pre-employment controlled substance test or an alcohol test with a concentration of 0.04 or greater? _____ Yes ___ No If yes, when and with what company? _____
 - E. If required, did the applicant complete a substance abuse rehabilitation program? _____ Yes ___ No.
 - F. Did the applicant have any other violations of DOT agency drug and alcohol regulations? _____ Yes ___ No
12. Reason for leaving your employ: Discharged _____; Laid Off _____; Resigned _____; Eligible for Rehire: ___ Yes ___ No

By: _____
(Signature of person supplying information) Date

You are hereby authorized to give Hornady Transportation, LLC. all information regarding my services, safety performance history, accidents, character and conduct as well as my DOT & Non-DOT alcohol and controlled substance test results while in your employ and / or information about any drug or alcohol test result obtained from previous employers. Moreover, you are released from any and all liability which may result from furnishing such information.

I understand drivers with Department of Transportation regulated employment have the right to review safety performance history information provided by regulated previous employers; have errors in that information corrected and have employers to re-send corrected information to prospective employers and to have a rebuttal statement attached to alleged erroneous information if the previous employer and driver cannot agree on the accuracy of the information.

I authorize Hornady Transportation, LLC. to access HireRight and the FMCSA Pre-Employment Screening Program (PSP) to seek information regarding my commercial driving safety record and information regarding my safety inspection history. If based on the PSP a decision to not hire you is made, you will be sent a written summary of your rights under the Fair Credit Reporting Act. Moreover, with your written request to Hornady Transportation, LLC, you will be provided a copy of the report upon which its decision was based.

Signed: _____ Date _____
(Please sign and date on the above line and return with your application)